# Form 990-EZ

Department of the Treasury

Internal Revenue Service

**Short Form** Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

_	101	the 2010 calefular year, or tax year beginning , and ending		
ᄰ	_		Employer	identification number
L	╡	ess change NEW JERSEY FAMILY FIRST INCORPORATED	-	20-8234453
L	Name	e change	Telephone	
L	Initial	return	· olopilollo	
Ŀ	Termi	inated 50 MT BETHEL ROAD SUITE 206	(90	08) 561-2015
	Amen	nded return City or town state or country ZIP + 4	Group Ex	
	Applic	cation pending WARREN NJ 07059	Number ▶	
G	Acco			•
ı				if the organization is to attach Schedule B
J				90-EZ, or 990-PF).
<u></u>		if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normal		
		m 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions	IIY NOT HION	e man \$50,000.
	to file	a return, be sure to file a complete return.	s). But ii the	e organization chooses
E		nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	to	
		ne 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		115,184
	art I		ictions fo	r Part I \
_		Check if the organization used Schedule O to respond to any question in this Part I.		X
	1	Contributions, gifts, grants, and similar amounts received		
	2	Program service revenue including government fees and contracts	1	115,184
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory   5a	20-0	
	b	Less: cost or other basis and sales expenses	1991	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
ue	6	Gaming and fundraising events	50	0
en	а	Gross income from gaming (attach Schedule G if greater than		
Revenue	u	\$15,000)	Ţ.	
LL.		Gross income from fundraising events (not including \$ of contributions	11.5	
	_	from fundraising events reported on line 1) (attach Schedule G if the	10.	
		sum of such gross income and contributions exceeds \$15,000)   6b	4.3	
	С	Less: direct expenses from gaming and fundraising events 6c	3 1 2 2	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	_	line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances		<u> </u>
	b	Less: cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
- 1	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	115,184
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
S	12	Salaries, other compensation, and employee benefits	12	2,901
Expenses	13	Professional fees and other payments to independent contractors	13	
ē	14	Occupancy, rent, utilities, and maintenance	14	
Ä	15	Printing, publications, postage, and shipping	15	8,052
	16	Other expenses (describe in Schedule O)	16	76,709
	17	Total expenses. Add lines 10 through 16		87,662
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,522
Set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)	19	10,058
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
Ž	21	Net assets or fund halances at end of year Combine lines 18 through 20	21	37 580

Form	990-EZ	/2010\

NEW JERSEY FAMILY FIRST INCORPORATED

20-8234453

Page 2

	3	organization used Schedule O t	o response to any qu			inning of year	1	
22	Cook covings	and investments					-	(B) End of year
22 23		and investments				10,058	Ť	37,944
24	Other assets (d	ngs		• • • •			23	
25		escribe in Schedule O)				40.050	24	27.044
26		(describe in Schedule O)				10,058	25	37,944
27		und balances (line 27 of column				10,058		36 <sup>2</sup> 37,580
		ent of Program Service Acc					21	
I C		the organization used Sched					/Reg	Expenses uired for section
				to arry qu		<u> </u>		c)(3) and 501(c)(4)
		on's primary exempt purpose?						izations and section
Desc	cribe what was achie	eved in carrying out the organization	i's exempt purposes. In	n a clear ar	nd concise manner, o	describe		(a)(1) trusts; optional hers.)
the s	ervices provided, th	e number of persons benefited, and	other relevant informa	ation for ea	ch program title.		101 00	1
28	DOLLOY MATTER	ND INFORM THE PUBLIC AND	ELECTED OFFICIA	ALS ON C	RITICAL PUBLIC		ĺ	
	ACTION ON SEE	RS RELATING TO THE FAMILY CIFIC FAMILY LEGISLATION	. IN ADDITION TO	MORIFIZI	ING CITIZENS TO			
		) If this amou					28a	49,337
29								
,								
		) If this amou					29a	
30								
	(Grants \$		ınt includes foreign (				30a	
21	Other program se	ervices (describe in Schedule O)						
		\ 16 (L-2	ntinaludaa faratan .		eck here	<b>&gt;</b>	31a	
	(Grants \$	) If this amou	int includes foreign g	grants, ch	OOK 11010			
32	Total program se	ervice expenses. (add lines 28a	a through 31a)			▶	32	
32	Total program se	ervice expenses. (add lines 28a	a through 31a)			▶	32	
32	Total program sert IV List of Off		a through 31a) I Key Employees. ৷	ist each o	ne even if not compe	▶	32 the ins	tructions for Part IV.)
32	Total program se rt IV List of Off Check if the	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O	a through 31a)	ist each or question in	ne even if not compe n this Part IV (c) Compensation	ensated. (see	32 the ins	tructions for Part IV.)
32	Total program se rt IV List of Off Check if the	ervice expenses. (add lines 28a icers, Directors, Trustees, and	a through 31a)	List each or question in rage	ne even if not compe n this Part IV (c) Compensation (If not paid,	ensated. (see (d) Contribution employee benefit	the insons to t plans &	tructions for Part IV.) (e) Expense account and
32 Pai	Total program sert IV List of Off Check if the	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O	a through 31a)	List each or question in rage	ne even if not compe n this Part IV (c) Compensation	ensated. (see	the insons to t plans &	tructions for Part IV.)
32 Pai	Total program sert IV List of Off Check if the	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O	through 31a)	List each or question in grage ek	ne even if not compe n this Part IV (c) Compensation (If not paid, enter -0)	ensated. (see  (d) Contribution employee benefit deferred compe	the insons to t plans &	tructions for Part IV.) (e) Expense account and
32 Par	Total program sert IV List of Off Check if the	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It to respond to any company (b) Title and avented to posite the CHAIR Hr/WK	List each or question in rage	ne even if not compe n this Part IV (c) Compensation (If not paid,	ensated. (see  (d) Contribution employee benefit deferred compe	the insons to t plans &	tructions for Part IV.) (e) Expense account and
32 Pai	Total program sert IV List of Off Check if the	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O	through 31a) d Key Employees. It is respond to any control to respond to any control to respond to any control to respond to positive CHAIR  Hr/WK Title V CHAIR	List each or question in rage ek tion	ne even if not compe n this Part IV (c) Compensation (If not paid, enter -0)	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
32 Par SOR	Total program set IV List of Off Check if the (a) N	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It to respond to any of	List each or question in grage ek	ne even if not compe n this Part IV (c) Compensation (If not paid, enter -0)	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
32 Par SOR	Total program sert IV List of Off Check if the	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a)	List each or question in rage sk sition 5.00	ne even if not compent this Part IV.  (c) Compensation (If not paid, enter -0)	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
32 Par GOR WILL	Total program sert IV List of Off Check if the (a) N DON SULCER IAM HORSEY	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a)	List each or question in rage ek tion	ne even if not compe n this Part IV (c) Compensation (If not paid, enter -0)	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
32 Par GOR WILL	Total program set IV List of Off Check if the (a) N	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a)	List each or question in rage sk sition 5.00	ne even if not compent this Part IV.  (c) Compensation (If not paid, enter -0)	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
32 Par GOR WILL	Total program sert IV List of Off Check if the (a) N DON SULCER IAM HORSEY	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a)	List each or question in rage sk sition 5.00	ne even if not compent this Part IV.  (c) Compensation (If not paid, enter -0)	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
Par Par GOR WILL RAY	Total program sert IV List of Off Check if the (a) N DON SULCER IAM HORSEY	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It to respond to any of	List each or question irrage sk sion 5.00	ne even if not compent this Part IV.  (c) Compensation (If not paid, enter -0)	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
Par Par GOR WILL RAY	Total program sert IV List of Off Check if the (a) N DON SULCER IAM HORSEY VELEZ	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It to respond to any of	List each or question irrage sk sion 5.00	ne even if not compent this Part IV.  (c) Compensation (If not paid, enter -0)	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
Par	Total program sert IV List of Off Check if the (a) N DON SULCER IAM HORSEY VELEZ	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the important of t	List each or question in sage sk sion 5.00 5.00 5.00	ne even if not compent this Part IV	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
Par	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the important of t	List each or question in sage sk sion 5.00 5.00 5.00	ne even if not compent this Part IV	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
Pal Pal GOR WILL EOF	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the second to any of the second to position in the control of the cont	5.00 5.00 5.00	ne even if not compent this Part IV	ensated. (see	the ins	tructions for Part IV.) (e) Expense account and
32 Pal	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is to respond to any of the service of the ser	5.00 5.00 5.00	ne even if not compent this Part IV	ensated. (see	the ins	tructions for Part IV.) (e) Expense account and
Par Par GOR WILL EOD EFF	Total program sert IV List of Off Check if the (a) NO DON SULCER IAM HORSEY VELEZ NARD DEO REY BEER ES DOSS	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the and any of the and any of the angle	5.00 5.00 5.00	ne even if not compent this Part IV	ensated. (see	the ins	tructions for Part IV.) (e) Expense account and
Par Par GOR WILL EOD EFF	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the second to any of the second to any of the second to position in the CHAIR in the CHAIR in the V CHAIR in the TREAS in the PRES in the TRUSTEE in trustee in the trustee in	5.00 5.00 5.00 1.00	ne even if not compent this Part IV	ensated. (see	the ins	tructions for Part IV.) (e) Expense account and
Pal Pal GOR WILL RAY EFF	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the second to position in the CHAIR in the CHAIR in the V CHAIR in the V CHAIR in the TREAS in the PRES in the PRES in the TRUSTEE in the trus	5.00 5.00 5.00	ne even if not compent this Part IV	ensated. (see	the ins	tructions for Part IV.) (e) Expense account and
Pal Pal GOR WILL RAY EFF	Total program sert IV List of Off Check if the (a) NO DON SULCER IAM HORSEY VELEZ NARD DEO REY BEER ES DOSS	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the control of the contro	5.00 5.00 5.00 1.00 1.00	ne even if not compent this Part IV	ensated. (see	the ins	tructions for Part IV.) (e) Expense account and
Par Par Par Par Par Par Par Par Par Par	Total program set IV List of Off Check if the List of Check if the List of Check if the List of Off Check if the List of Check if the	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the control of the contro	5.00 5.00 5.00 1.00	ne even if not compent this Part IV	ensated. (see	the ins	tructions for Part IV.) (e) Expense account and
Par Par Par Par Par Par Par Par Par Par	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the second to any of the second to respond to any of the second to position in the chair in	5.00 5.00 5.00 1.00 1.00	ne even if not compent this Part IV	ensated. (see	the ins	tructions for Part IV.) (e) Expense account and
Par Par Par Par WILL EON TAC	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the and ave hours per week devoted to posit it is ritle CHAIR Hr/WK Title V CHAIR Hr/WK Title TREAS Hr/WK Title TRUSTEE Hr/WK	5.00 5.00 5.00 1.00 1.00	ne even if not compent this Part IV	ensated. (see	the ins	tructions for Part IV.) (e) Expense account and
Par Par Par Par WILL EON TAC	Total program set IV List of Off Check if the List of Check if the List of Check if the List of Off Check if the List of Check if the	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the and any of the and any of the angle	5.00 5.00 5.00 1.00 1.00 1.00	ne even if not compent this Part IV	ensated. (see	the ins	tructions for Part IV.) (e) Expense account and
Par Par Par SOR VILL EOD TAC AME	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the and any of the and any of the angle	5.00 5.00 5.00 1.00 1.00	ne even if not compent this Part IV	ensated. (see	the insons to t plans &	(e) Expense account and
Par Par Par Par Par Par Par Par Par Par	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is respond to any of the and any of the and any of the angle	5.00 5.00 5.00 1.00 1.00 1.00 1.00 1.00	ne even if not compent this Part IV	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
Par Par Par MILL RAY EFF STAC AME	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It to respond to any of the control of the contro	5.00 5.00 5.00 1.00 1.00 1.00	ne even if not compent this Part IV	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and
Par Par GOR WILL RAY EDI EFF AME	Total program set IV List of Off Check if the Check if th	ervice expenses. (add lines 28a icers, Directors, Trustees, and e organization used Schedule O lame and address	a through 31a) d Key Employees. It is to respond to any of the property of the	5.00 5.00 5.00 1.00 1.00 1.00 1.00 1.00	ne even if not compent this Part IV	ensated. (see	the insons to t plans &	tructions for Part IV.) (e) Expense account and

ı a	Check if the organization used Schedule O to respond to any question in this Part V			X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а		250		v
-	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35a 35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		<del>  ^-</del>
30	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a				
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	No.		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved		1,	· .
39	Section 501(c)(7) organizations. Enter:			, Just
	Initiation fees and capital contributions included on line 9			2.5
	Gross receipts, included on line 9, for public use of club facilities		(Alary)	She's A
40 a	section 4911 ► ; section 4912 ► ; section 4955 ►	* 4.	1000	44
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		13.5	
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			,
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	. W		31) 
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	`	-	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	144	58. ×8	
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		х
41	List the states with which a copy of this return is filed.	400	<u></u>	
	The organization's books are in care of ► LEONARD DEO Telephone no. ► (	908) 5	61-20	15
42 a			/01-20	
<b>h</b>	Located at ► 50 Mount Bethel Road City Warren ST NJ ZIP + 4 ► 0705  At any time during the calendar year, did the organization have an interest in or a signature or other authority	9		
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ľ	Yes	No
	account)?	42b		X
	If "Yes." enter the name of the foreign country:	- *		3.5
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	*		× ×
	and Financial Accounts.	8,, ,	ε,	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b>&gt;</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
		,	V	NI-
			Yes	No
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44a		X
L	completed instead of Form 990-EZ	~+d_		
D	completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d		
		Form 9	90-EZ	(2010)

					water the second second	RATED				20-8234	453	Page
											Yes	
45	is any related	organization	a controlle	ed entity of	the organizat	ion within the n	nean	ing of section	512(b)(13)?	45		)
ā	a Did the organi	zation receive	e any payn	ment from	or engage in a	any transaction	with	a controlled e	ntity within the		CALL I	
	meaning of se	ction 512(b)(	(13)? If "Ye	s," Form 9	90 and Sched	dule R may nee	ed to	be completed	instead of	-		34
	Form 990-EZ.	· · · · · ·								. 45a	Ca Straightfull of office.	)
46	Did the organiz	zation engage	e, directly	or indirectl	y, in political o	campaign activ	ities o	on behalf of or	in apposition			100
	to candidates	for public offi	ice? If "Yes	s," complet	le Schedule C	C. Part I.			· · · · · · ·	. 46	X	30,000
Pai	it VI Section	501(c)(3)	organizat	ions and	section 494	47(a)(1) none	xem	nt charitable	e trusts only.	All section	1 ^	
	501(c)(3	3) organizati	ions and	section 49	47(a)(1) nor	nexempt char	table	e trusts must	answer quest	ione 47_4	ah.	
	and 52,	and comple	ete the tat	oles for lin	es 50 and 5	1.			answer quest	10113 71 -4	<i>3</i> 0	
	Check it	f the organiz	zation use	d Schedu	le O to resp	ond to any gu	estic	on in this Part	: VI			Г
						7 1				• • • •		N.
47	Did the organiz	ation engage	e in lobbvin	o activities	? If "Yes " co	mnlete Schedu	do C	Dort II		49	Yes	N
48	Is the organizat	ion a school	as describ	ed in secti	on 170/b)/1\/	Whiele actient		, Part II	· · · · · · · ·	47		
49 a	Did the organiz	ation make a	anv transfai	re to an ev	ompt pop cho	ry(ii) r ii res,	com	piete Schedule	9 E	. 48		
	If "Yes," was the	e related org	anization o	soction 5	empt non-cha	intable related	orga	nization?	· · · · · · ·			
50	Complete this to	shie for the o	arranization	n'a fiva bia	z / organizatio	ony				. 49b		
	Complete this to	n each receiv	nyanization ved more ti	ns live filg: han \$100 (	nest compens	sated employee	es (ot	ther than office	ers, directors, tr	ustees and	key	
	employees) who				(b) Title	and average	e org	anization. If the Compensation				
	(a) Name and add	fress of each emp than \$100,000	ployee paid mo	ore	hours	per week	,,,	, compensation	(d) Contributions t employee benefit pla		Expension Expension	
Name	None	Str				to position	-		deferred compensat		allowan	
City			7/5		Title							
Name		ST	ZIP	·	Hr/WK	.00	-					
City		Str	7	• • • • • • • • • • • • • • • • • • • •	Title							
Name		ST	ZIP		Hr/WK	.00						
City		Str			Title							
		ST	ZIP		Hr/WK	.00						
Momo												
		Str .			Title							
Name City		ST	ZIP		Title Hr/WK	.00						
City Name		ST Str				.00.						
City Name City		ST Str ST	ZIP		Hr/WK Title	.00.						
City Name City	Total number of	ST Str ST other employ	ZIP /ees paid o	ver \$100,0	Hr/WK Title Hr/WK	.00						
City Name City f	Total number of o	ST Str ST other employ ble for the org	ZIP /ees paid o ganization':	s five high	Hr/WK Title Hr/WK 000	>	nt co	entractors who	each received	more than		
City Name City f	Total number of Complete this tal	ST Str ST other employole for the org	ZIP /ees paid o ganization's om the org	s five high	Hr/WK Title Hr/WK 000	>	nt co	entractors who	each received	more than		
City Name City f	Total number of a Complete this tall \$100,000 of com	ST Str ST other employole for the org	ZIP /ees paid o ganization's om the org	s five high	Hr/WK Title Hr/WK 000	>	nt co		each received		ensation	1
City Name City f 51	Total number of o Complete this tat \$100,000 of corr (a) Name a	ST Str ST other employole for the org	ZIP /ees paid o ganization's om the org	s five higher anization. Int contractor p	Hr/WK Title Hr/WK 000	>	nt co			more than	pensation	)
City Name City f  Name City	Total number of o Complete this tat \$100,000 of corr (a) Name a	ST Str ST Other employ ble for the org npensation fro	ZIP /ees paid o ganization's om the org ach independe	s five high anization. ent contractor p	Hr/WK Title Hr/WK 000	>	nt co				pensation	1
City Name City f 51 Name City Name	Total number of o Complete this tat \$100,000 of corr (a) Name a	ST Str ST Other employ ble for the org npensation fro	ZIP /ees paid o ganization's om the org ach independe	s five high anization. Int contractor	Hr/WK Title Hr/WK 1000	>	nt co				pensation	)
City Name City f  Name City City	Total number of o Complete this tat \$100,000 of corr (a) Name a	ST Str ST Other employ ble for the org npensation fro	ZIP /ees paid o ganization's om the org ach independe Str	s five high anization. Int contractor	Hr/WK Title Hr/WK 1000	>	nt co				pensation	1
City Name City f S1 Name City Name City	Total number of of Complete this tat \$100,000 of corr	ST Str ST Other employ ble for the org npensation fro	ZIP /ees paid o ganization's om the org ach independe Str ST	s five high anization. Int contractor	Hr/WK Title Hr/WK 000	>	nt co				pensation	1
City Name City f S1 Name City Name City City	Total number of of Complete this tat \$100,000 of corr	ST Str ST Other employ ble for the org npensation fro	ZIP /ees paid o ganization's om the org ach independe Str Str Str	s five high anization. Int contractor	Hr/WK Title Hr/WK 000	>	nt co				pensation	)
City Name City f i1 Name City Name City Name City Name City City City	Total number of of Complete this tat \$100,000 of corr	ST Str ST Other employ ble for the org npensation fro	ZIP /ees paid o ganization's om the org sch independe Str Str Str ST	s five high anization. Int contractor	Hr/WK Title Hr/WK 000	>	nt co				ensation	1
City Name City f i1 Name City Name City Name City Name City City City	Total number of of Complete this tat \$100,000 of corr	ST Str ST Other employ ble for the org npensation fro	ZIP /ees paid o ganization's om the org sch independe Str Str Str	s five high anization. Int contractor	Hr/WK Title Hr/WK 000	>	nt co				pensation	)
City Name City	Total number of of Complete this tat \$100,000 of corr	ST Str ST Other employ ble for the org npensation fro	ZIP /ees paid o ganization's om the org ach independe Str ST Str Str Str	s five high anization. Int contractor	Hr/WK Title Hr/WK 000 est compensa If there is non paid more than \$10 ZIP ZIP	>	nt co				pensation	1
City Name City Name City Name City Name City Name City Name City City City City City City City City	Total number of a Complete this tal \$100,000 of com (a) Name a None	ST Str ST other employ ble for the organization fro	ZIP /ees paid o ganization's om the org ach independe Str	s five high- anization. Introntractor p	Hr/WK Title Hr/WK 000 . est compensa If there is non paid more than \$10 ZIP ZIP ZIP		nt co				pensation	1
City Name City  Name City Name City Name City Name City Name City City City City City City City City	Total number of a Complete this tat \$100,000 of com (a) Name a None	ST Str ST other employ ole for the organization fro	ZIP /ees paid o ganization's om the org ach independe Str ST Str Str ST Str	s five high- anization. Introductor introd	Hr/WK Title Hr/WK 000 est compensa If there is non paid more than \$10 ZIP ZIP ZIP ZIP Tecelving over	>ated independence, enter "None	."	(b) Type	of service		pensation	)
City Name City Name City Name City Vame City Vame City Lame City d T	Total number of a Complete this tat \$100,000 of com (a) Name a None	ST Str ST other employ ole for the organization fro	ZIP /ees paid o ganization's om the org ach independe Str ST Str Str ST Str	s five high- anization. Introductor introd	Hr/WK Title Hr/WK 000 est compensa If there is non paid more than \$10 ZIP ZIP ZIP ZIP Tecelving over	>ated independence, enter "None	."	(b) Type	of service		pensation	
City Name City Name City Name City Name City Name City City City City City City City City	Total number of of Complete this tal \$100,000 of corr (a) Name a None	ST Str ST other employ ole for the organization from address of each address of each address of complete street and complete street address of complete street and com	ZIP /ees paid o ganization's om the org ach independe Str	s five high anization. Introductor introdu	Hr/WK Title Hr/WK 1000 Pest compense If there is non paid more than \$10 ZIP ZIP ZIP ZIP ZIP Tecelving ov.		tions	(b) Type	of service	(c) Com		
City Name City Solution City Name City Name City Name City Name City City City City City City City City	Total number of of Complete this tat \$100,000 of com (a) Name a None  Total number of of the organization on complete this tat tat the organization on complete the organization on complete the organization of the organization on complete the organization of the orga	ST Str ST other employ ble for the org npensation fro and address of ea ther independ on complete stable trusts mu	ZIP /ees paid o ganization's om the org ach independe Str	s five high- anization. Introductors actors each A? Note: As a complete	Hr/WK Title Hr/WK 000 est compense If there is non oaid more than \$10 ZIP ZIP ZIP ZIP Tecelving ov. Il section 501 d Schedule A	.00  ated independe ne, enter "None no,000  er \$100,000 . (c)(3) organiza	tions	(b) Type	of service	(c) Com		
City Name City Name City Name City Name City Name City Name City One City City City City City City City City	Total number of of Complete this tat \$100,000 of com (a) Name a None  Total number of otolid the organization onexempt charitae analties of periury.	ST Str ST other employ ble for the org npensation fro and address of ea ther independ on complete stable trusts mu	ZIP /ees paid o ganization's om the org ach independe Str	s five high- nanization. Introductor p  actors each A? Note: A a complete	Hr/WK Title Hr/WK 1000 Dest compense If there is non Daid more than \$100 ZIP ZIP ZIP ZIP ZIP Tecelving over	.00  ated independe ne, enter "None no,000  er \$100,000 . (c)(3) organiza		(b) Type	of service	(c) Com	X	
City Name City Same City Name City Name City Name City Name City One City City City City City City City City	Total number of of Complete this tat \$100,000 of com (a) Name a None  Total number of of the organization on complete this tat tat the organization on complete the organization on complete the organization of the organization on complete the organization of the orga	ST Str ST other employ ble for the org npensation fro and address of ea ther independ on complete stable trusts mu	ZIP /ees paid o ganization's om the org ach independe Str	s five high- nanization. Introductor p  actors each A? Note: A a complete	Hr/WK Title Hr/WK 1000 Dest compense If there is non Daid more than \$100 ZIP ZIP ZIP ZIP ZIP Tecelving over	.00  ated independe ne, enter "None no,000  er \$100,000 . (c)(3) organiza		(b) Type	of service	(c) Com	X	
City Name City Name City Name City Name City Name City Od T	Total number of a Complete this tal \$100,000 of com (a) Name a None  Total number of oto the organization on exempt charital enalties of perjury, I if, it is true, correct,	ST Str ST other employ ole for the organization from address of each address o	ZIP /ees paid o ganization's om the org ach independe Str	s five high- nanization. Introductor p  actors each A? Note: A a complete	Hr/WK Title Hr/WK 1000 Dest compense If there is non Daid more than \$100 ZIP ZIP ZIP ZIP ZIP Tecelving over	.00  ated independe ne, enter "None no,000  er \$100,000 . (c)(3) organiza		(b) Type	of service	(c) Com	X	
City Name City Name City Name City Name City Name City Od T	Total number of of Complete this tat \$100,000 of com (a) Name a None  Total number of otolid the organization onexempt charitae analties of periury.	ST Str ST other employ ole for the organization from address of each address o	ZIP /ees paid o ganization's om the org ach independe Str	s five high- nanization. Introductor p  actors each A? Note: A a complete	Hr/WK Title Hr/WK 1000 Lest compensation of there is non- laid more than \$100 ZIP ZIP ZIP ZIP ZIP Tecelving ov- Ill section 501 d Schedule A Jum, including factorer than of	er \$100,000 . (c)(3) organization is based or	tions	(b) Type	1) hts, and to the besich preparer has	(c) Com	X	
City Name City Same City Name City Name City Name City On	Total number of a Complete this talk \$100,000 of corr (a) Name a None  Total number of oto one continuation of the organization one correct, Signature of the correct,	str Str Str Other employ ole for the org opensation fro and address of ea ther independ on complete state and complete officer	ZIP /ees paid o ganization's om the org ach independe Str	s five high- nanization. Introductor p  actors each A? Note: A a complete	Hr/WK Title Hr/WK 1000 Lest compensation of there is non- laid more than \$100 ZIP ZIP ZIP ZIP ZIP Tecelving ov- Ill section 501 d Schedule A Jum, including factorer than of	.00  ated independe ne, enter "None no,000  er \$100,000 . (c)(3) organiza	tions	(b) Type	1) hts, and to the besich preparer has	(c) Com	X	
City Name City Same City Name City Name City Name City On	Total number of a Complete this talt \$100,000 of com (a) Name a None  Total number of or	ST Str Str ST other employ ble for the organization from address of each addre	ZIP /ees paid o ganization's om the org ach independe Str	actors each a complete ned this return of prepare	Hr/WK Title Hr/WK 1000 Lest compense If there is non laid more than \$10 ZIP ZIP ZIP ZIP Tecelving ov Ill section 501 d Schedule A Jum, including action than of	er \$100,000 . (c)(3) organization is based or	tions	(b) Type	1) hts, and to the besich preparer has	(c) Com	X	
City Name City Od T	Total number of a Complete this talt \$100,000 of corr (a) Name a None  Total number of oto one continue of the organization on the correct, it is true, correct, and the correct of the correct of the correct on the correct of the co	str Str Str Str other employ ble for the org apensation fro and address of ea ther independ on complete state and complete and complete state and complete officer	ZIP /ees paid o ganization's om the org ach independe Str	s five high- nanization. Introductor p  actors each A? Note: A a complete	Hr/WK Title Hr/WK 1000 Lest compense If there is non laid more than \$10 ZIP ZIP ZIP ZIP Tecelving ov Ill section 501 d Schedule A Jum, including action than of	er \$100,000 . (c)(3) organization is based or	tions	(b) Type	1) hts, and to the besich preparer has	(c) Com	X	
City Name City N	Total number of a Complete this tat \$100,000 of com (a) Name a None  Total number of or Did the organization onexempt charital enalties of perjury, I it is true, correct, Type or print Print/Type preparations of the p	str Str Str Str Str Str other employ ble for the org pensation fro and address of ea  ther independ on complete stable trusts mu declare that I and camplete iname and title. arer's name  FFLER	ZIP /ees paid o ganization's om the org ach independe Str ST Str Str Str Str Str Str Str Str Str Ach contra Schedule A ust attach a have examinate Declaration	actors each a complete ned this return of prepare	Hr/WK Title Hr/WK 1000 . est compensa If there is non paid more than \$10 ZIP ZIP ZIP ZIP Tecelving over Ill section 501 d Schedule A Jun, including action for than of	er \$100,000 . (c)(3) organization is based or	tions all in	(b) Type  and 4947(a)(**  as and statement of who have the comparison of who have the comparison of th	1) hts, and to the besich preparer has	(c) Com	X	
City Name City Name City Name City Name City Name City Oder ped d belie	Total number of of Complete this talt \$100,000 of com (a) Name a None  Total number of of Old the organization on exempt charital on althest of perjury, I it is true, correct, Signature of Type or print Print/Type preparations of the SCOTT LOE Firm's name	ST Str ST Other employ ble for the org pensation fro and address of ea  ther independ on complete stable trusts mu declare that I and complete officer I name and title. arer's name FFLER  SCC	ZIP /ees paid o ganization's om the org ach independe Str	s five high- anization. Int contractor is actors each A? Note: A a complete ned this retu n of prepare	Hr/WK Title Hr/WK 1000 est compensa If there is non paid more than \$10 ZIP ZIP ZIP ZIP Tecelving over Il section 501 d Schedule A Jun, including acceptation of the compensation of the co	er \$100,000  companying schificer) is based or  Date  11/14/	tions all in	(b) Type and 4947(a)( and 4947(a)( be and statement formation of whe had be a statement for the statement formation of whe had be a statement for the statem	of service  1)  its, and to the besich preparer has  PTIN  P00421395	(c) Com	X	
City Name City Name City Name City Vame City Vame City Of T	Total number of of Complete this talt \$100,000 of com (a) Name a None  Total number of of Old the organization on exempt charital enalties of perjury, I are, it is true, correct, Signature of Type or print Print/Type preparations of SCOTT LOE.	ST Str ST Other employ ble for the org pensation fro and address of ea  ther independ on complete stable trusts mu declare that I and complete officer I name and title. arer's name FFLER  SCC	ZIP /ees paid o ganization's om the org ach independe Str	s five high- anization. Int contractor is actors each A? Note: A a complete ned this retu n of prepare	Hr/WK Title Hr/WK 1000 . est compensa If there is non paid more than \$10 ZIP ZIP ZIP ZIP Tecelving over Ill section 501 d Schedule A Jun, including action for than of	er \$100,000  companying schificer) is based or  Date  11/14/	tions all in	(b) Type  and 4947(a)(  es and statement of whe complete the complete	1)  ints, and to the besich preparer has  PTIN P00421395	(c) Com	X	

Name and address	Title and average hours per week	Compensation	Contributions to emp. benefit plans &	Expense account and
realing and addition	devoted to position	Compensation	deferred compensation	other allowances
SHARON POOLE	devoted to position		adioned compensation	
	Title TRUSTEE			
	1	00	0 0	(
JANET ROBERTS				
	Title TRUSTEE			
and the second s	Hr/WK 1.	00	0 0	
LORI SMITH				
	Title TRUSTEE	00		
BARBARA SULCER	Hr/WK 1.	00	0 0	(
DANDARA SULCEN	Title TRUSTEE			
	1	00	olo	
	Title			
	Hr/WK .	00	0 0	(
	Title			
	Hr/WK .!	00	0	(
	Title			
	Hr/WK .!	00	0	
	Title	00	o	
	Hr/WK .(	00	J 0	
	Title			
		00	ol	
	Title			
	Hr/WK .(	00	0	(
	Title			
	Hr/WK .(	00 (	0	(
	Title	00	0	
	Hr/WK .(		, , , ,	
	Title			
	• • •	00	ol	(
	Title			
	• • •	00 0	0	(
	Title			
	Hr/WK .C	00 0	0	(
	-			
	Title			
	Hr/WK .C	00 0	0	
	Title			

#### SCHEDULE C (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

2010

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete If the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, Ilne 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying ActivIties), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6)	organizations: Complete Part III.				
Nam	ne of organization			Em	ploye	r Identification number
	<b><i>N JERSEY FAMILY FIRS</i></b>					20-8234453
		the organization is exempt und			<u>527 o</u>	rganization.
1		the organization's direct and indirect				
2						33,309
3	Volunteer hours		_ • • • • • • • • • • • • • • • • • • •			
Pa	rt I-B Complete if	the organization is exempt und	ler section 5016	c)(3).		
1	Enter the amount of any	excise tax incurred by the organizat	tion under section	4955	▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under s	section 4955	<b>\$</b>	
3		ed a section 4955 tax, did it file Forn				
4a	Was a correction made?					. Yes No
b	If "Yes," describe in Part	t IV.				
Pa	rt I-C Complete if t	the organization is exempt und	ler section 501(	c), except section	501(	c)(3).
1	Enter the amount directly	y expended by the filing organization	for section 527 e	xempt function		
					▶ \$	33,309
2		filing organization's funds contributed	•			
		unction activities			▶ \$	
3		penditures. Add lines 1 and 2. Enter				
						33,309
4		n file Form 1120-POL for this year?				
5		ses and employer identification num tents. For each organization listed, e				
		ontributions received that were prom				
		d fund or a political action committee				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0		(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1)					0	0
2)					0	0
3)					0	0
4)					0	0
5)					0	0
6)						

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

P	art II-A Complete if the organiza under section 501(h)).	tion is exempt	under section 5	01(c)(3) and filed	i Form 5768 (elec	tion
Δ	Check ▶ if the filing organization	helonas to an	affiliated group			
R	Check ▶ if the filing organization	•	• .	rol" provisions ar	nnly	
-				ior providend up	T	/h) Affinad
	Timits on L (The term "expenditures)	obbying Expend		1	(a) Filing organization's totals	(b) Affiliated group totals
4-	Total lobbying expenditures to influence					0
1a	Total lobbying expenditures to influence					0
b	Total lobbying expenditures to influence	-			0	0
c d	Other exempt purpose expenditures .	•			- Y	0
	Total exempt purpose expenditures (ad				0	0
e	Lobbying nontaxable amount. Enter the				, o	
f	columns.	amount nom the	iollowing table in b	Oli	0	0
-		in. The lebbuil	ng nontaxable amou	nt ic:	15 190 gr w	
	If the amount on line 1e, column (a) or (b) Not over \$500,000		amount on line 1e.	III 15.		
	Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of		And are	
	Over \$17,000,000	\$1,000,000.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Grassroots nontaxable amount (enter 2				0	0
h	Subtract line 1g from line 1a. If zero or I	•			0	0
ï	Subtract line 1f from line 1c. If zero or le				0	0
i	If there is an amount other than zero on				720 reporting	
,	section 4911 tax for this year?					Yes No
	(Some organizations that columns belo	t made a section ow. See the instr	uctions for lines 2	not have to com a through 2f on p		
	Lobb	ying Expenditure	es During 4-Year	Averaging Period	· · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))		A STATE OF THE STA			0
С	Total lobbying expenditures				0	0
d				i		
	Grassroots nontaxable amount				0	0

Schedule C (Form 990 or 990-EZ) 2010

0

0

Page 3

	(election under section 501(h)).	(	a)	(b)	
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	13			
	legislation, including any attempt to influence public opinion on a legislative matter or		×		
	referendum, through the use of:	15.			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?	-			
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
''	Other activities? If "Yes," describe in Part IV				
i	Total. Add lines 1c through 1i	out Prope	Salas Salas Salas Salas		0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	17.36 1. 1.		_ ^_	
	If "Yes," enter the amount of any tax incurred under section 4912	28	11 1		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1 1/2 × 1	
Par	Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5),	or se	ection	
	501(c)(6).			Ye	s No
4	Were substantially all (90% or more) dues received nondeductible by members?				3 100
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			<del></del>	
4	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."  Dues, assessments and similar amounts from members		is ar	swered	
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
4	political expenses for which the section 527(f) tax was paid).				
а	Current year	.	2a		
b	Carryover from last year		2b		
C	Total		2c		0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible		6.0		
	lobbying and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)	<u>.                                    </u>	5		0
Part	IV Supplemental Information				
	elete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	and Pa	rt II-B	, line 1i.	
	complete this part for any additional information.				
Part I	A Line 1 Expenditures for direct (independent expenditures) and indirect political activities				
o nro	mote family matters.				
o bio	niole idinily matters.				

NEW JERSEY FAMILY FIRST INCOR	PORATED	20-8234453
Schedule C (Form 990 or 990-EZ) 2010		Page 4
Part IV Supplemental Information	(continued)	
		• • • • • • • • • • • • • • • • • • • •
		•

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

Attach to Form 990 or 990-EZ. Name of the organization Employer identification number

NEW JERSEY FAMILY FIRST INCORPORATED 20-8234453 Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 5,016 Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 12,355 Form 990-EZ, Part I, Line 16, Other Expenses: Professional Fees: 10,141 Form 990-EZ, Part I, Line 16, Other Expenses: Program expenses: 467 Form 990-EZ, Part I, Line 16, Other Expenses: Printing- Education mailings: 5,585 Form 990-EZ, Part I, Line 16, Other Expenses: Political campaign activity: 33,309 Form 990-EZ, Part I, Line 16, Other Expenses: Bank charges: 2,841 Form 990-EZ, Part I, Line 16, Other Expenses: Contributions: 1,320 Form 990-EZ, Part I, Line 16, Other Expenses: Dues and subscriptions: 2,675 Form 990-EZ, Part I, Line 16, Other Expenses: Website and advertising: 3,000 Form 990-EZ, Part II, Line 26, Liabilities: Accounts payable: Beginning of year: 0, End of year: 364 Form 990-EZ Part V Line 34 The organization adopted new bylaws in April 2010

Schedule O (Form 990 or 990-EZ) (2010)	Page <b>2</b>
Name of the organization	Employer identification number
NEW JERSEY FAMILY FIRST INCORPORATED	20-8234453